

# **HAWAII**

## **DRUG CONTROL STRATEGY SUMMIT**

---

# **PRE-SUMMIT REPORT**



OFFICE OF THE LIEUTENANT GOVERNOR  
STATE OF HAWAII

September 2003



## *Pre-Summit Report*

---

# Executive Summary

### **BACKGROUND**

Building upon the work of previous initiatives, the Hawaii Drug Control Strategy Summit aims to establish an integrated statewide approach to the complex problems caused by the use and abuse of illicit drugs and underage drinking in our communities. The Office of the Lieutenant Governor understands the growing social and economic costs of drug abuse and is committed to providing the leadership demanded by exigent circumstances. This Summit heralds the first step towards gaining a broader consensus on the urgent issues confronting everyone throughout the State.

What is needed is an overarching strategy that emphasizes coordination, collaboration and linkages among disparate strategies and entities and capitalizes on the synergy between national, state, and community efforts. The Hawaii Drug Control Strategy will offer an integrated and cohesive response—one that articulates a clear vision of goals and objectives, that bridges differences and engages individuals and organizations to work in partnership rather than opposition.

The Summit will foster opportunities for discussion and debate among individuals who share common interests and concerns and are bound by unity of purpose. It is anticipated that an outcome of the Summit will be a shared vision that can serve as the foundation on which to build mutually

supportive relationships. By adopting a larger mission, the State can cross traditional boundaries to maximize efforts, make the best use of scarce resources, and extend community efforts and alliances to channel the current level of community concern into action.

### **PRE-SUMMIT SURVEY**

In preparation for the Summit, a Pre-Summit Survey was developed to gather participant opinions and recommendations concerning the conceptual framework of the initial draft of the State strategy and its approaches towards cultivating community capacity and improving the quality of life in the State of Hawaii. The survey itself served as a prelude to the Summit and compelled participants to begin thinking about the issues prior to the event.

Answers from the survey would then be used to prioritize issues and act as a guide for work groups at scheduled breakout sessions. Ultimately, the results will be integrated with the findings from the *Talk Story* sessions and recommendations from the Summit to refine and finalize the post-Summit report, *Hawaii Drug Control Strategy: A New Beginning*.

The survey was administered online via the Internet. Invitees to the Summit also registered online and received letters that informed them of the web address and password necessary to access the survey. For those who did not have Internet

access, the option existed for the survey to be mailed.

An Access database was created to permit invitees to finish the survey all at once or in stages. Follow-up telephone calls were made to encourage individuals to complete the survey. The efficiency of the process yielded a high response rate; the end tally showed that 224 surveys were completed.

Data analysis was conducted on both quantitative and qualitative information. The final unit of aggregation is at the state level, although participants were invited from all counties.

## RESULTS AND FINDINGS

Key findings were clustered under three sections—1) General Information, 2) Hawaii Drug Control Strategy, and 3) Additional Target Areas.

### General Information

- ▶ Individuals from all levels of government (federal, state, county), non-governmental organizations and the private sector were invited to participate in the Summit. The main criteria for inclusion was their underlying interest and concern in the continued alcohol and illicit drug problem.
- ▶ The four primary areas of focus—Prevention, Community Mobilization, Treatment, and Law Enforcement—directly address the Strategy’s goal. Actual percentages of registrants were: 29% Prevention, 26% Treatment, 17% Law Enforcement, 15% Community Mobilization, and 8% Other (which could be a combination of any or all of the focus areas).

### Hawaii Drug Control Strategy

- ▶ Respondents voiced resounding support for the conceptual and each section of the Strategy. Over 80% consistently agreed or strongly agreed with the principles set forth in the document.
- ▶ Sixty-five percent (65%) of these same individuals, however, disagreed or strongly disagreed that the goal of the Strategy—to stop illicit drug use and underage drinking before they start; treat drug and alcohol abusers, and intervene in the distribution of illicit drugs—is achievable given the current resources (e.g., funding and staffing) in place.
- ▶ Likewise, sixty-two percent (62%) disagreed or strongly disagreed that the benchmark—to reduce use of illegal drugs by 10% over three years—is achievable under these circumstances.
- ▶ Strengthening particular areas may lead to achievable goals and benchmarks. Treatment received the highest marks, followed closely by Prevention. (63% Treatment vs. 56% Prevention for the question on the goal, 62% Treatment vs. 56% Prevention for the question on the benchmark)
- ▶ Respondents ranked Prevention and Community Mobilization as the highest priorities to reduce the drug and alcohol problem, 34% and 30% respectively. When the second priority ranking is taken into consideration, Prevention garnered a 12% endorsement over Community Mobilization.

**Additional Target Areas**

- ▶ Fifty-seven percent (57%) stated that funding and resources or the lack thereof were significant barriers to finding solutions to the continued drug and alcohol problem. Causal factors and attitudes towards drugs were cited as the second highest barrier at 39%.
- ▶ Increased funding and resources accounted for 52% of the recommendations to overcome significant barriers. Systems Improvement and Community Mobilization (26% and 23% respectively) also ranked high as potential approaches.
- ▶ For the questions on State and/or federal legislation that hinder illicit drug initiatives or legislation that needed to be created, amended, or repealed, less than half (45%) of the respondents chose to comment on obstructive legislation, citing Sentencing/Penalties (12%) and Procedural/Constitutional Issues (13%) as the main concerns. Of the 42% of respondents who answered the second question, the highest number (18%) proposed changes to Sentencing/Penalties legislation.
- ▶ Questions on legislation pertaining to underage drinking commanded significantly lower response rates—only 20% for legislation that hinders underage drinking initiatives and 26% for legislation that needed to be created, amended, or repealed. Of those who responded to the second question, proposed changes to Sentencing/Penalties legislation (12%) was the only category of note.
- ▶ Two-thirds of the respondents expressed moderate to high levels of dissatisfaction with the degree of coordination between agencies and organizations that address drugs and alcohol. Individual comments were highly critical of the current system.
- ▶ Nearly 58% of the respondents cited Systems Improvement as the primary means to enhance coordination. Some individuals called for mandatory coordination, centralization to coordinate efforts, the appointment of a drug czar to provide oversight, strong leadership by State government, etc. Surprisingly, additional funding and resources (11% vs. 58% for Systems Improvement) were considered less significant as a means to bring about better collaboration and cooperation.
- ▶ Respondents overwhelmingly agreed that accountability should be improved at all levels. The family and the private sector were ranked almost equally (23% and 24% respectively) as social arenas that needed improved accountability. Government followed closely at 19%, with Law Enforcement (comprising 16% of the total 19%) as the public area in greatest need of improvement.
- ▶ However, accountability also implies that programs demonstrate their effectiveness, not only in counts of units of service delivery, but in real evidence-based outcomes. This need for accountability points to the absence of a data infrastructure. More research, consistent data collection and reporting must be conducted to ascertain what works and what does not work.

- ▶ Fifty-seven percent (57%) of respondents disagreed or strongly disagreed that federal resource allocation was equitable among the four primary sectors. Priorities appear to shift with each new administration, and funds tend to be allocated to the most pressing issues at the time.
- ▶ What constitutes a “fair share” varies greatly. Twenty-four percent (24%) of those who disagreed with federal resource allocation thought that reallocation of resources was a priority. Eighteen percent (18%) of these same respondents believed that Law Enforcement received the lion’s share of funding. Moreover, it was suggested that inequity was less of an issue than insufficient funding.
- ▶ In contrast with the previous question, more respondents (61% vs. 57%) disagreed or strongly disagreed that State government resource allocation was equitable among the four primary sectors. Of those who disagreed, a higher percentage (70% vs. 59%) cited the need for reallocation of resources.
- ▶ Cross-sectoral observations echoed comments concerning federal allocations; however, specific remarks were made about how the state manages funding. Many perceived State agencies as merely a “pass through” for federal funds. Neighbor islands consistently noted geographical discrimination and the paucity of resources in comparison to Oahu. Public health especially has suffered from budget cuts, thereby bringing the issue of medicalization vs. criminalization of the drug problem to the forefront.
- ▶ Respondents were almost equally divided about whether private grant resource allocation was equitable among sectors. Thirty-four percent (34%) agreed or strongly agreed in contrast to the 37% who disagreed or strongly disagreed with the question of equity.
- ▶ An issue that was raised exclusive to private vs. public funding was a general lack of knowledge about where and how to apply for grants.
- ▶ The sustainability of the Hawaii Drug Control Strategy must be considered in light of current economic conditions. Twenty-eight percent (28%) of the respondents recommended seeking private, state, or federal funding sources or using other types of financing strategies.
- ▶ Other financial strategies to implement the Strategy included Systems Improvement (37%) and Community Mobilization (16%). Systems Improvement recommendations seemed to suggest more efficient use of funds. Community Mobilization was problematic as a financial strategy, since public support does not guarantee funding, but is integral to the success of any initiative.

## EMERGING THEMES

This section of the report provides an overview of themes that emerged upon review of the data. Taken together, these themes form the rudiments of areas of priority and potential strategic directions. However, caution is advised against arriving at general conclusions based on the data alone. Additional data from other sources and community input must be

integrated prior to drafting the final guidelines.

Common threads that appear throughout the results are presented below. (This portion of the report condenses much of the information already abbreviated in the *Executive Summary*. What follows are additional comments on the themes.)

### **Funding/Financing**

- ▶ Funding or the Lack of Funds or Resources is the 900 lb. gorilla in the room that no one can ignore. It is necessary to recognize that competing priorities affect the ability of the state to meet its objectives, and under current budgetary restrictions, finding the resources to implement the Strategy is particularly challenging.
- ▶ Funding or the Lack of Funds or Resources is recognized as the most significant barrier to finding solutions to the continued drug and alcohol problem. Paradoxically, it is its own solution to the barrier.
- ▶ Those who call for more prevention or treatment programs, increased law enforcement, or more information, or see preferential treatment in funding, are proposing increased funding or reallocation of resources; however, categorical funding streams may preclude reallocation.
- ▶ Increased competitiveness for funding may translate into decreased information sharing and cooperation, hindering the prime objective of greater collaboration between organizations and agencies that address drug abuse.
- ▶ In addition, sustainability is a major issue that must be factored into the equation. The battle will require a

long-term commitment that goes beyond financial considerations. Politically and economically, responsiveness and responsibility must extend long after the Summit.

### **Systems Improvement**

- ▶ Similar to Funding or Lack of Funds or Resources, Systems Improvement was perceived equally as both a significant barrier to finding solutions to the drug and alcohol problem and its own solution.
- ▶ As an adjunct to Funding or Lack of Funds or Resources, Systems Improvement also demands better management of funds. The effective use of resources is imperative as resources grow scarce.
- ▶ Better coordination can be achieved by a variety of means. Central to its success is creating an atmosphere where agencies and organizations work across traditional boundaries, look past their organizational needs and bureaucratic differences and collaborate in areas where they can agree.

Summit participants must take the next step—to formulate concrete recommendations that will refine the principles of the Hawaii Drug Control Strategy and determine if we, as a State, can begin to move forward and work towards a long-term strategy to really make a difference.

### **CONCLUSION**

The high response rate to the Pre-Summit Survey shows a readiness on the part of registrants to discuss the range of subjects that will be presented at the Summit. The

Survey was successful in raising crucial issues, but its ultimate success lies in its ability to assist participants to broaden their vision and come to a consensus about the Hawaii Drug Control Strategy.

The Strategy will provide a framework to link and coordinate drug and alcohol related strategies, while avoiding duplication and ensuring integration and consistency. With increasingly fewer resources, formalized mechanisms are not in place to nurture collaborative relationships that would maximize assets among government, communities, and agencies.

Although many agencies and programs do cooperate on individual initiatives, no

overarching strategy exists to coordinate their activities. As a result, overall efforts are fragmented and limited, despite the success demonstrated by particular communities and organizations. The Strategy proposes a shift in the approach to the drug and alcohol problem in Hawaii –away from categorical and crisis-oriented to holistic, integrated and comprehensive.

We expect that the Strategy will evolve and change over time. An integral part of the plan is its ability to grow and reflect the specific needs of the communities. What will remain constant will be its ability to provide clear focus, direction, and common ground for our future endeavors.



## ACKNOWLEDGMENTS

The authors wish to thank the many individuals who have generously supported this endeavor, particularly Darin H. Kawazoe, Rebecca S. Ward and the staff of Ward Research Incorporated, Havinne Anderson and the staff of Aloha United Way 211, and the Hawaii Drug Control Summit work group, for their assistance, encouragement and advice.

We are especially grateful to all those who responded to the *Hawaii Drug Control Strategy Survey* for their thoughtful and knowledgeable answers that serve as the basis for this report and will help us shape the post-Summit report, *Hawaii Drug Control Strategy: A New Beginning*.

*The development of this document was funded by the Center for Substance Abuse Treatment (CSAT) in connection with CSAT's "State Health Care Reform Technical Assistance, and Knowledge Synthesis and Dissemination Project" (Contract No. 270-00-7071). The opinions expressed herein are the views of the author and do not necessarily reflect the official position of CSAT or any any other part of the U.S. Department of Health and Human Services.*

# TABLE OF CONTENTS

EXECUTIVE SUMMARY .....	i
ACKNOWLEDGMENTS .....	vii
TABLE OF CONTENTS .....	viii
LIST OF TABLES .....	ix
LIST OF FIGURES .....	x
I. INTRODUCTION	
A. Background .....	1
B. Purpose of the Pre-Summit Report .....	1
II. METHODOLOGY	
A. Pre-Summit Survey .....	3
B. Data Collection and Analysis .....	3
III. RESULTS AND FINDINGS	
B. General Information .....	5
C. Hawaii Drug Control Strategy .....	6
D. Additional Target Areas .....	11
IV. EMERGING THEMES .....	31
V. CONCLUSION .....	33

APPENDIX A. Hawaii Drug Control Strategy—Pre-Summit Survey

## LIST OF TABLES

Table 1.	Significant Barriers to Finding Solutions to the Drug and Alcohol Problem .....	11
Table 2.	Recommendations to Overcome Significant Barriers.....	13
Table 3.	State and/or Federal Legislation That Hinders Illicit Drug Initiatives .....	15
Table 4.	State and/or Federal Legislation Pertaining to Illicit Drug Initiatives That Need to be Created, Amended, or Repealed.....	16
Table 5.	State and/or Federal Legislation That Hinders Underage Drinking Initiatives.....	17
Table 6.	State and/or Federal Legislation Pertaining to Underage Drinking Initiatives That Need to be Created, Amended, or Repealed.....	18
Table 7.	Recommendations to Enhance Coordination Between Agencies and Organizations That Address Drugs and Alcohol .....	20
Table 8.	Areas Where Accountability Should Be Improved to Reduce Illicit Drug Use and Underage Drinking.....	22
Table 9.	Explanation of Inequitable Federal Resource Allocation .....	24
Table 10.	Explanation of Inequitable State Government Resource Allocation .....	26
Table 11.	Explanation of Inequitable Private Grant Resource Allocation.....	28
Table 12.	Recommended Financial Strategies for Successful Implementation of the Hawaii Drug Control Strategy .....	29

## LIST OF FIGURES

Figure 1.	Primary Focus of Registrant .....	5
Figure 2.	Areas to Strengthen in Order to Achieve Goal .....	6
Figure 3.	Areas to Strengthen in Order to Achieve Benchmarks .....	7
Figure 4.	Highest Priority to Reduce Illicit Drug Use in the Community .....	8
Figure 5.	Priority Rankings to Reduce Illicit Drug Use in the Community .....	8
Figure 6.	Overall Conceptual Framework of the Hawaii Drug Control Strategy .....	9
Figure 7.	Conceptual Framework of Stop Illicit Drug Use and Underage Drinking Before They Start: Prevention and Community Mobilization Section .....	9
Figure 8.	Conceptual Framework of Treat Hawaii's Drug and Alcohol Abusers Section .....	10
Figure 9.	Conceptual Framework of Disrupt the Distribution of Illicit Drugs: Law Enforcement Section .....	10
Figure 10.	Satisfaction with Degree of Coordination Between Agencies and Organizations That Address Drugs and Alcohol .....	19
Figure 11.	Are There Areas Where Accountability Should be Improved to Reduce Illicit Drug Use and Underage Drinking? .....	21
Figure 12.	Consider Federal Resource Allocation to Be Equitable Among All Sectors .....	23
Figure 13.	Consider State Government Resource Allocation to Be Equitable Among All Sectors .....	25
Figure 14.	Consider Private Grant Resource Allocation to Be Equitable Among All Sectors .....	27

## *Pre-Summit Report*

---

# Introduction

### **BACKGROUND**

Building upon the work of previous initiatives, the Hawaii Drug Control Strategy Summit aims to establish an integrated statewide approach to the complex problems caused by the use and abuse of illicit drugs and underage drinking in our communities. The Office of the Lieutenant Governor understands the growing social and economic costs of drug abuse and is committed to providing the leadership demanded by exigent circumstances. This Summit heralds the first step towards gaining a broader consensus on the urgent issues confronting everyone throughout the State.

Community awareness regarding the inadequacies of the present system is mounting. An unprecedented number of illicit drug initiatives are presently underway and still gathering momentum. Voices from our communities resonate throughout the State, are amplified by the media, and call for action to counteract the problems engendered by substance abuse. It is well documented that illicit drugs contribute to the erosion of communities, that drug problems are interlinked with a range of social issues, including crime and poverty, and that deterioration of our quality of life is pervasive and escalating at an unparalleled rate.

Now is the time to capitalize on the synergy between national, state, and community efforts. What is needed is an overarching strategy that emphasizes

coordination, collaboration and linkages between disparate strategies and entities. Frequently, illicit drug initiatives are marked by different funding sources, distinct missions, and divergent and sometimes conflicting aims. In the absence of political will, grassroots efforts can contribute to even more fragmentation. A State strategy will offer an integrated and cohesive response—one that articulates a clear vision of goals and objectives, that bridges differences and engages individuals and organizations to work in partnership rather than opposition.

By convening the Summit, the Office of the Lieutenant Governor will foster opportunities for discussion and debate among individuals who share common interests and concerns and are bound by unity of purpose. It is anticipated that an outcome of the Summit will be a shared vision that can serve as the foundation on which to build mutually supportive relationships. By adopting a larger mission, the State can cross traditional boundaries to maximize efforts, make the best use of scarce resources, and extend community efforts and alliances to channel the current level of community concern into action.

### **PURPOSE OF THE PRE-SUMMIT REPORT**

The purpose of this report is to present the findings of the Pre-Summit Survey as a planning resource for Summit participants

in their quest to refine and enhance the *Hawaii Drug Control Strategy: A New Beginning*. The report reflects the collective views of the participants who were drawn from a wide net of government agencies, foundations, and community associations that address the current drug problem.

Instructions for the Pre-Summit Survey stated:

*Your involvement as an individual or representative from an agency/organization will allow us to reach real and effective solutions by examining not only what we should do, but more importantly, what we can do and the appropriate paths towards achieving our goal.*

Summit participants will be able to refer to this report and the *Talk Story* report (a summation of the community forums held statewide) as they develop recommendations over the course of the three-day Summit.

The final Strategy will provide a prospectus for developing and enhancing prevention, treatment, and drug interdiction programs. The document will serve as a framework for the State of Hawaii and will assist policymakers, community leaders, and residents in designing and implementing policy and practices which are evidence-based, realistic, achievable and cost effective.

## *Pre-Summit Report*

# Methodology

### PRE-SUMMIT SURVEY

In preparation for the Summit, a Pre-Summit Survey was developed to gather participant opinions and recommendations concerning the conceptual framework of the working document “*Hawaii Drug Control Strategy: A New Beginning*” and its approaches towards cultivating community capacity and improving the quality of life in the State of Hawaii. The survey itself served as a prelude to the Summit and compelled participants to begin thinking about the issues prior to the event.

The Drug Summit working group, composed of individuals with appropriate knowledge, skills, experience, and commitment, assisted in developing questions to gauge participant approval of the Strategy itself and target perceptions about systems improvement, model legislation, funding/financing, and government/community partnerships.

Answers to the survey would be used to prioritize issues and act as a guide for work groups at scheduled breakout sessions. It was anticipated that the views expressed would represent a wide range of perspectives and disciplinary diversity.

Ultimately, results from the survey will be integrated with the findings from the *Talk Story* sessions and recommendations from the Summit to refine and finalize the post-Summit report, *Hawaii Drug Control Strategy: A New Beginning*.

### DATA COLLECTION AND ANALYSIS

Due to time constraints, the decision was reached to administer the survey online via the Internet. Invitees to the Summit were also able to register online and received letters that informed them of the web address and password necessary to access the survey. For those who did not have Internet access, the option existed for the survey to be mailed.

An Access database was created to permit invitees to finish the survey all at once or in stages. Batches of data were then forwarded to Ward Research for analysis.

The utmost effort was used to maximize the number of respondents. If invitees registered for the Summit but did not fill out the survey, Aloha United Way 211 volunteers made follow-up telephone calls to encourage individuals to complete the survey.

The efficiency of the online survey and follow-up is evident by the high response rate. The final tally showed that 224 surveys were completed. (See Figure 1)

The survey consisted of far more qualitative than quantitative questions. Ward Research used trained coders to evaluate the data. The research staff has extensive experience in data collection procedures, and their thoroughness yielded the richness of information illustrated in the following Results and Findings section of this report.

The final unit of aggregation is at the state level, although participants were invited from all counties.

As in all surveys, the limitations of the survey and the manner in which the data are collected must be taken into account when interpreting the results. All self-reported data contain errors ranging from misunderstanding questions on the survey to multiple or conflicting responses.

Despite these limitations, the report that follows represents a valuable overview of participant opinions on the drug problem in Hawaii and their initial recommendations for the State Strategy. It is important to use information in this report with care. Stakeholders, policymakers, and planners are advised to gather additional data from other sources, as well as local community input, before deciding what areas warrant implementation.



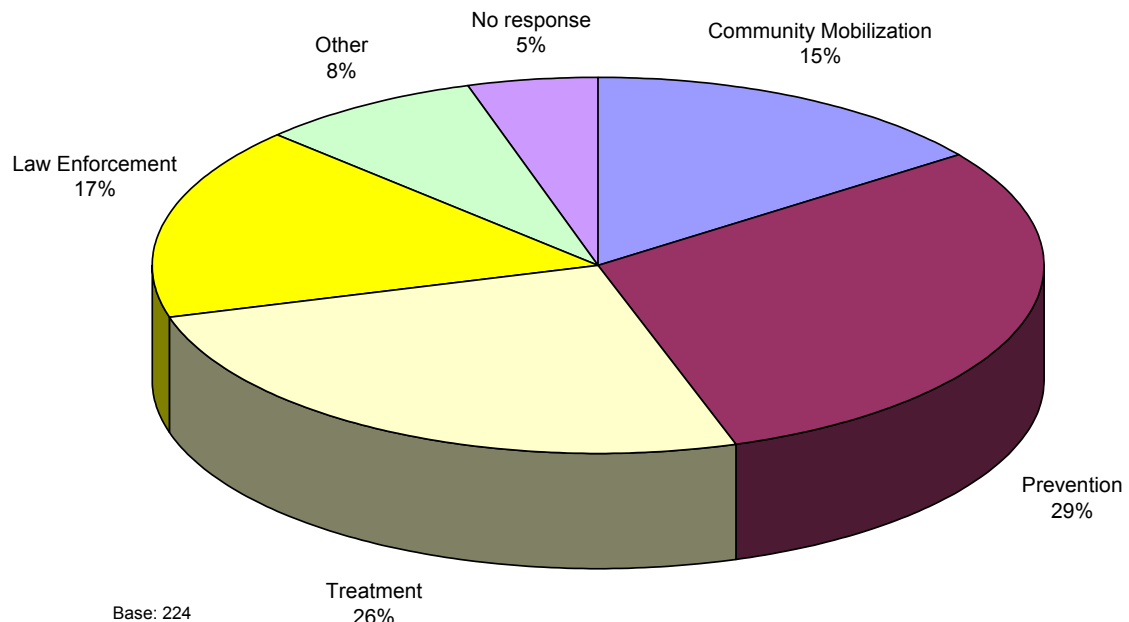
*Pre-Summit Report*

# Results and Findings

## GENERAL INFORMATION

**Question 2.** Please identify your *primary* focus (Community Mobilization, Prevention, Treatment, Law Enforcement, Other), if attending as an individual, or agency/department/program *primary* focus.

**Figure 1. Primary Focus of Registrant**



### Discussion:

Individuals from all levels of government (federal, state, county), non-governmental organizations and the private sector were invited to participate in the Summit. Participants represent a diversity of knowledge, experience and views. The main criteria for inclusion was their

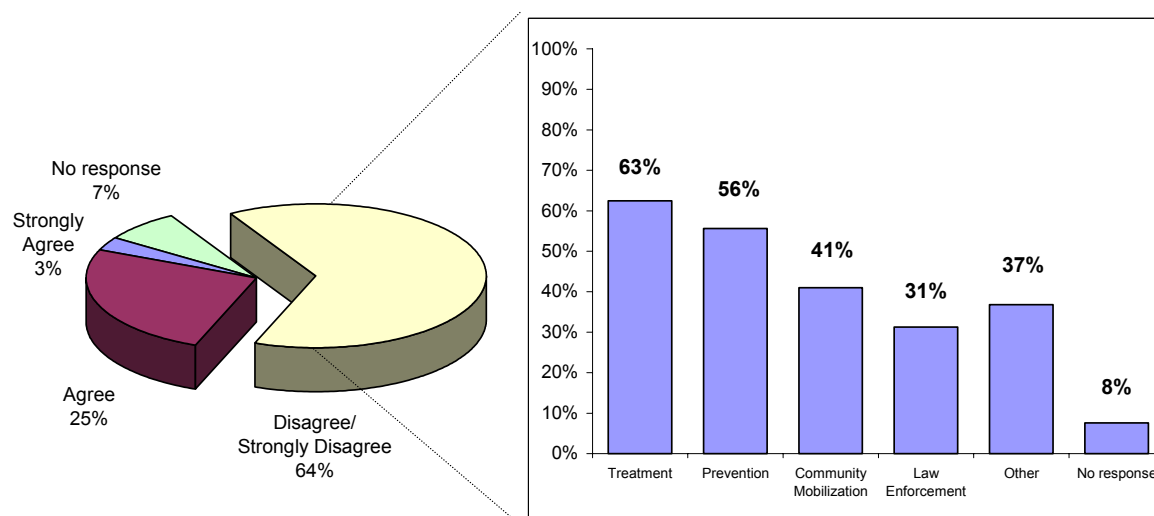
underlying interest and concern in the continued alcohol and illicit drug problem. The four primary areas of focus—Prevention, Community Mobilization, Treatment, and Law Enforcement—directly address the Strategy’s goal.

## HAWAII DRUG CONTROL STRATEGY

**Question 4.** Is the Hawaii Drug Control Strategy *goal* achievable given the current resources in place (e.g., funding and staffing)?

**Question 5.** If you disagree and believe that the *goal* is not achievable given the current resources, which of the following areas (Community Mobilization, Prevention, Treatment, Law Enforcement, Other) need to be strengthened?

**Figure 2. Areas To Strengthen In Order To Achieve Goal**



Base: 224

Base: 144 who strongly disagree or disagree  
\*Multiple responses

### Discussion:

The primary goal of the Hawaii Drug Control Strategy corresponds with the National Drug Control Policy to provide a comprehensive and integrated approach that will:

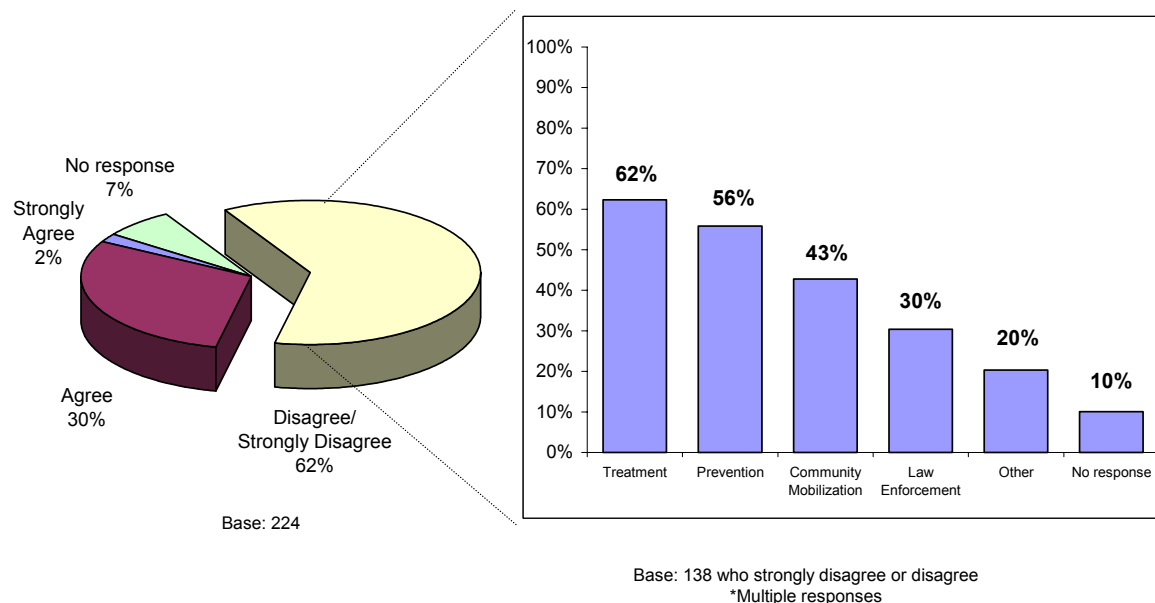
- stop illicit drug use and underage drinking before they start
- treat drug and alcohol abusers
- intervene in the distribution of illicit drugs

Two-thirds of the respondents disagreed (52.7%) or strongly disagreed (11.6%) that this goal is achievable given the current resources in place. Of the 144 individuals who strongly disagreed or disagreed, 63% asserted that Treatment be given precedence over Law Enforcement (31%) as an area to strengthen to achieve the goal. Prevention and Community Mobilization were also highly endorsed.

**Question 6.** Are the Hawaii Drug Control Strategy *benchmarks* achievable given the current resources in place (e.g., funding and staffing)?

**Question 7.** If you disagree and believe that the *benchmarks* are not achievable given the current resources, which of the following areas (Community Mobilization, Prevention, Treatment, Law Enforcement, Other) need to be strengthened?

**Figure 3. Areas To Strengthen In Order To Achieve Benchmarks**



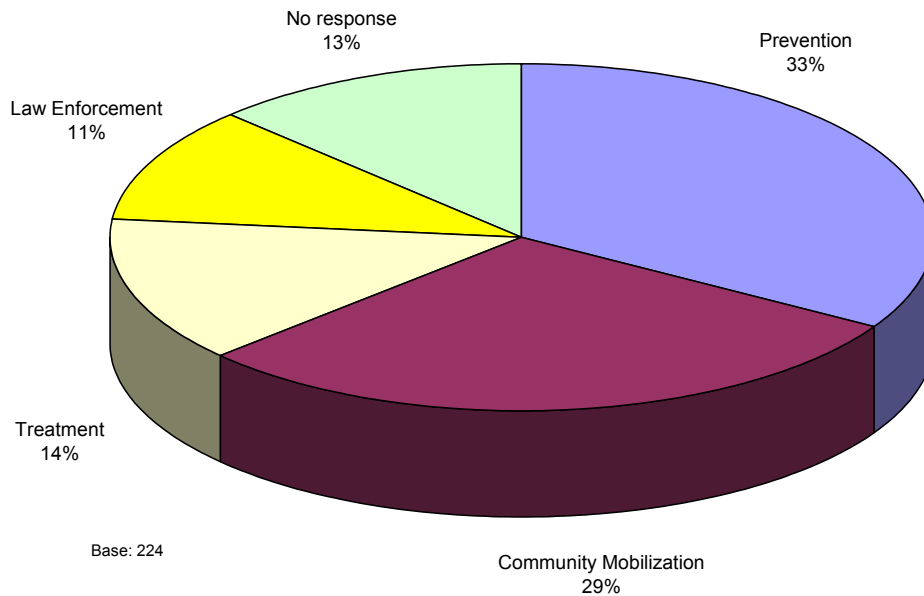
### Discussion:

The Hawaii Drug Control Strategy seeks to reduce the use of illegal drugs by 10% over three years. This benchmark applies to illicit drug use among youth (ages 12 – 17) and adults. Concurrently, the Strategy proposes a reduction in offender recidivism (for adults) by 10%.

Nearly two-thirds of the respondents disagreed (53.1%) or strongly disagreed (8.5%) that the benchmark was achievable given the current resources in place. Findings were virtually identical to the results from the previous questions regarding the Strategy's goal. Of the 138 individuals who strongly disagreed or disagreed, 62% asserted that Treatment be given precedence over Law Enforcement (30%) as an area to strengthen to achieve the goal. Prevention and Community Mobilization were again highly endorsed.

**Question 8.** How would you prioritize the following areas (Community Mobilization, Prevention, Treatment, Law Enforcement, Other) in order to reduce illicit drug use in the community?

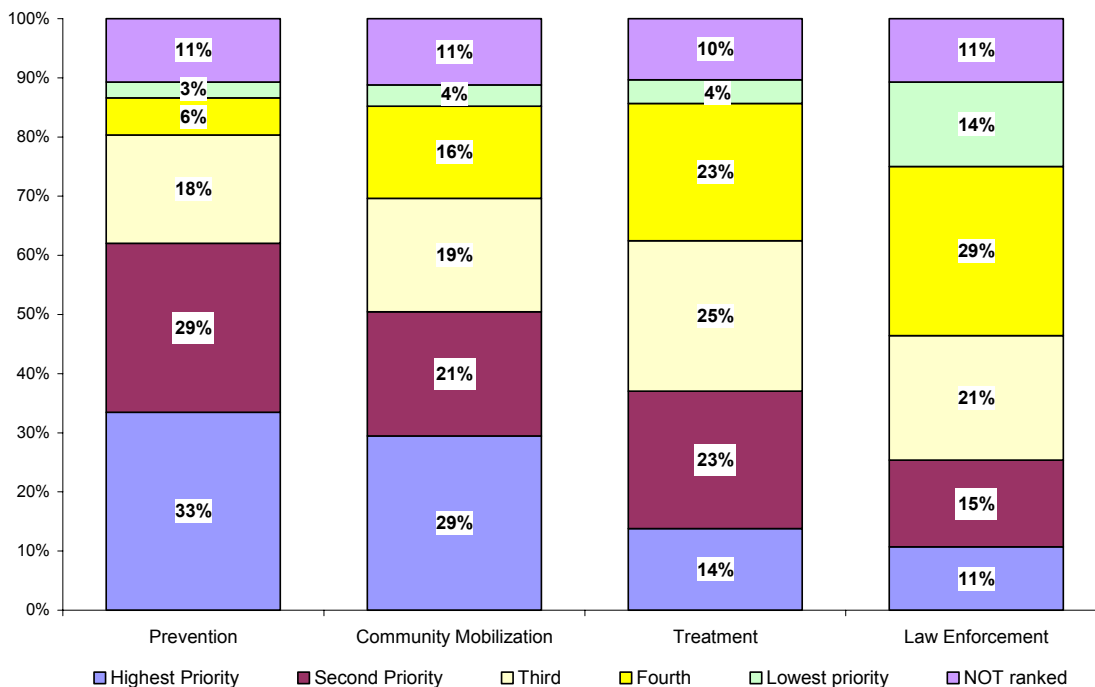
**Figure 4. Highest Priority  
To Reduce Illicit Drug Use in The Community**



**Discussion:**

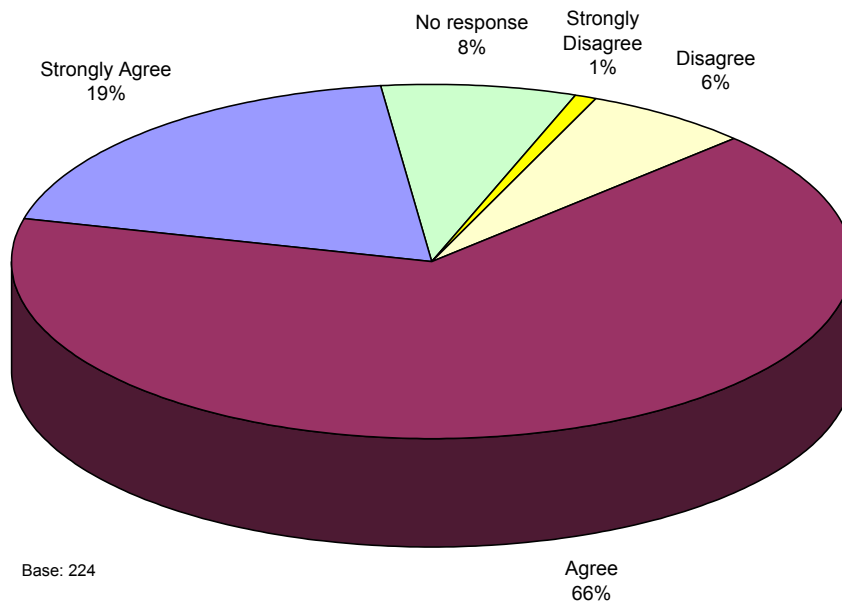
Respondents ranked Prevention and Community Mobilization as the highest priorities, 33% and 29% respectively. When the second priority ranking is taken into consideration, Prevention garnered a 12% endorsement over Community Mobilization.

**Figure 5. Priority Rankings  
To Reduce Illicit Drug Use in The Community**



**Question 9.** Do you agree with the *overall conceptual framework* of the Hawaii Drug Control Strategy?

**Figure 6. Overall Conceptual Framework of the Hawaii Drug Control Strategy**

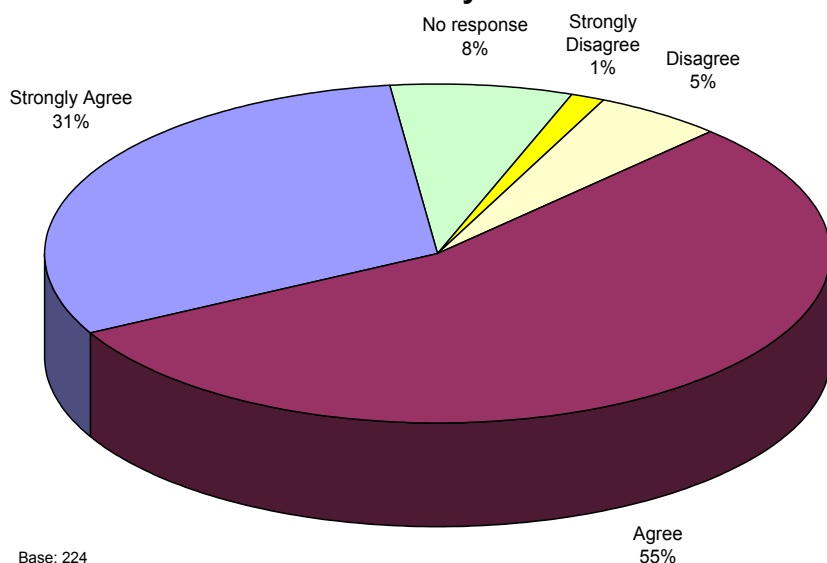


**Discussion:**

Respondents voiced resounding support for the conceptual framework and each section of the Strategy. Over 80% consistently agreed or strongly agreed with the principles set forth in the document.

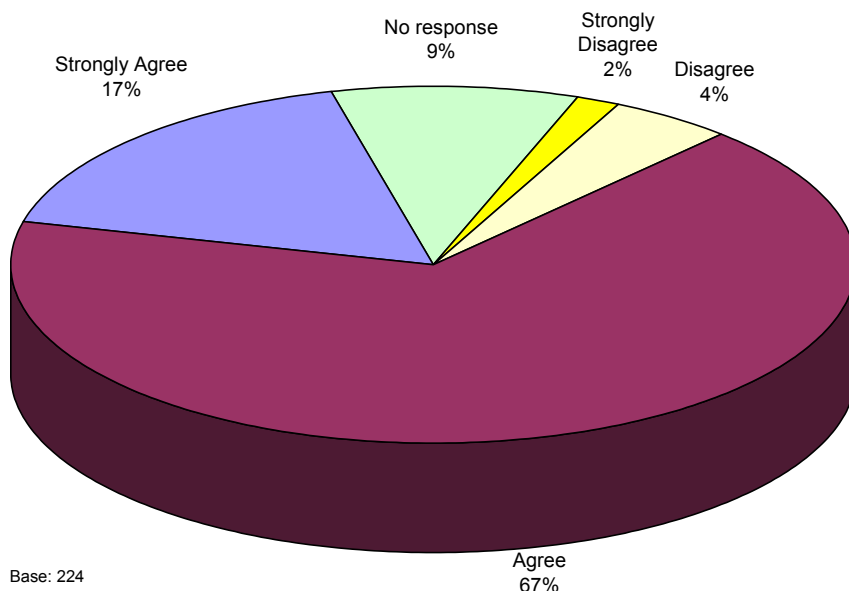
**Question 11.** Do you agree with the conceptual framework of the *Stop Illicit Drug Use and Underage Drinking Before They Start: Prevention and Community Mobilization* section of the Hawaii Drug Control Strategy?

**Figure 7. Conceptual Framework of Stop Illicit Drug Use and Underage Drinking Before They Start: Prevention and Community Mobilization Section**



**Question 13.** Do you agree with the conceptual framework of the *Treat Hawaii's Drug and Alcohol Abusers* section of the Hawaii Drug Control Strategy?

**Figure 8. Conceptual Framework of  
Treat Hawaii's Drug and Alcohol Abusers Section**

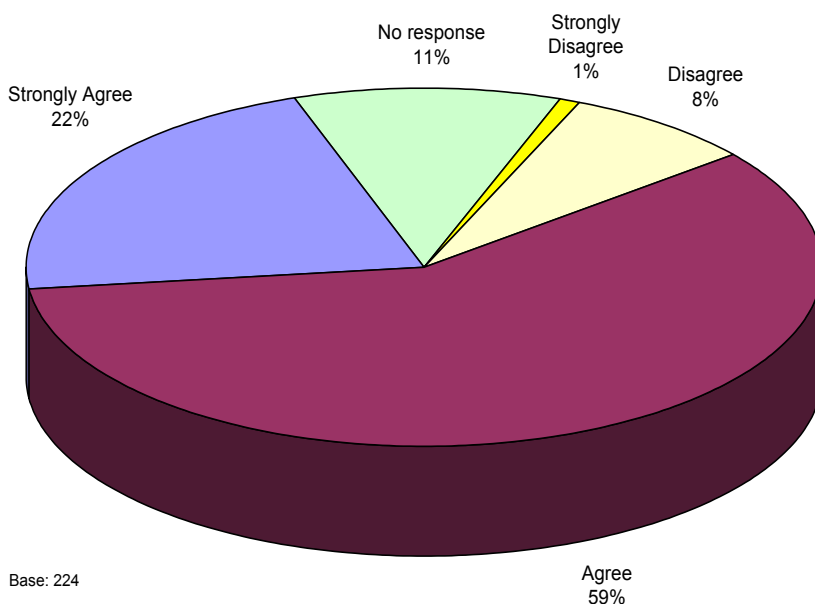


**Discussion:**

Questions 10, 12, 14, and 16 asked for explanations from those who disagreed with the conceptual framework of the Strategy. The base numbers for these questions (Q10 – 16, Q12 – 15, Q14 – 14, and Q16 – 19) were minimal. Responses included the need for more data/information and treatment options, the lack of activities for youth, insufficient law enforcement, etc.

**Question 15.** Do you agree with the conceptual framework of the *Disrupt the Distribution of Illicit Drugs: Law Enforcement* section of the Hawaii Drug Control Strategy?

**Figure 9. Conceptual Framework of  
Disrupt The Distribution of Illicit Drugs: Law Enforcement Section**



**ADDITIONAL TARGET AREAS**

**Question 17.** What are the most significant barriers to finding solutions to the continued drug and alcohol problem in Hawaii?

**Table 1. Significant Barriers to Finding Solutions to the Drug and Alcohol Problem**

	<u>COUNT</u>	<u>PERCENT (%)</u>
◆ <b>FUNDING</b>	127	56.7
Funding/Lack of funds or resources	71	31.7
<i><b>Treatment Issues</b></i>	52	23.2
• More access to treatment/more slots	24	10.7
• More treatment options are needed	11	4.9
• Outreach/support during/after treatment	10	4.5
• Insurance parity for drug treatment	8	3.6
• Youth should have separate treatment	3	1.3
• Need immediate access to treatment programs	2	.9
• Family members need treatment too	2	.9
• Lack of sufficient treatment within corrections	1	.4
<i><b>Prevention Issues</b></i>	26	11.6
• Need more education	13	5.8
• Need more prevention programs	8	3.6
• Lack of activities for youth	7	3.1
<i><b>Law Enforcement Issues</b></i>	16	7.1
• Insufficient law enforcement	16	7.1
<i><b>Research/Evaluation/Monitoring</b></i>	8	3.6
• More data/info	4	1.8
• Need to look at causes of drug use	4	1.8
<i><b>Sustainability</b></i>	1	.4
• Raise taxes to cover costs	1	.4
◆ <b>CAUSAL FACTORS</b>	88	39.3
Not enough jobs/poverty/economy/high cost of living	24	10.7
Breakdown of family/no parental role model	19	8.5
<i><b>Attitudes towards Drugs</b></i>	64	28.6
• Social complacency/Lack of community involvement	34	15.2
• Alcohol/drug acceptance	11	4.9
• Denial of addiction/Cooperation from individual	9	4.0
• Stigma on users	8	3.6
• Alcohol/drug glamorization by the media	5	2.2
• Acknowledge it's a medical problem	3	1.3

**Table 1. Significant Barriers to Finding Solutions to the Drug and Alcohol Problem (cont'd)**

	<u>COUNT</u>	<u>PERCENT (%)</u>
◆ <b>SYSTEMS IMPROVEMENT</b>	59	26.3
Coordinating resources/agencies	30	13.4
Not enough qualified staff	9	4.0
Legislature hang-ups, complacency	6	2.7
Turf battles	5	2.2
Install a drug czar/Needs to be one leader	2	.9
Better managing of funds	1	.4
Better communication	1	.4
<i>Identify/Use "Best Practices"</i>	9	4.0
• Figure out what works and do it	4	1.8
• Workers not committed/Programs not effective	3	1.3
• Current approaches are not working	2	.9
<i>Accountability</i>	4	1.8
• Hold everyone accountable	4	1.8
◆ <b>COMMUNITY MOBILIZATION</b>	23	10.3
More community awareness/involvement	21	9.4
Involve businesses in planning/implementation	1	.4
Involve churches in planning/implementation	1	.4
◆ <b>LAW ENFORCEMENT &amp; CRIMINAL JUSTICE</b>	28	12.5
Changes in the laws	12	5.4
Availability of drugs	6	2.7
Need alternatives to jail	2	.9
Stricter penalties	2	.9
Sentencing	2	.9
Constitutional issues	2	.9
Sensitivity to/training on drug problems for police/judiciary	1	.4
Probation/parole should be done by counselors	1	.4
Dealers should be assessed/monitored	1	.4
Weed and Seed	1	.4
◆ <b>OTHER</b>	3	1.3
◆ <b>NONE/NO RESPONSE</b>	44	19.7
<b>Base</b>	<b>224</b>	

**Discussion:**

Fifty-seven percent (57%) stated that funding and resources, or the lack thereof, were significant barriers to finding solutions to the continued drug and

alcohol problem. Causal factors and attitudes towards drugs were cited as the second highest barrier at 39%.



**Question 18.** What are your recommendations to overcome these barriers?**Table 2. Recommendations to Overcome Significant Barriers**

	<u>COUNT</u>	<u>PERCENT (%)</u>
♦ <b>FUNDING</b>	117	52.2
Funding/Need more funding or resources	43	19.2
<i><b>Treatment Issues</b></i>	47	21.0
• Outreach/support during/after treatment	14	6.3
• More treatment options are needed	13	5.8
• More access to treatment/more slots	12	5.4
• Insurance parity for drug treatment	10	4.5
• Family members need treatment too	4	1.8
• Youth should have separate treatment	1	.4
• Need immediate access to treatment programs	1	.4
<i><b>Prevention Issues</b></i>	45	20.1
• Need more education	29	12.9
• Need more prevention programs	8	3.6
• Lack of activities for youth	8	3.6
• Need culturally geared programs	2	.9
<i><b>Law Enforcement Issues</b></i>	4	1.8
• Insufficient law enforcement	4	1.8
<i><b>Research/Evaluation/Monitoring</b></i>	14	6.3
• Evaluate what other counties/states/countries are doing	5	2.2
• Need to look at causes of drug use	5	2.2
• More data/info	4	1.8
<i><b>Sustainability</b></i>	1	.4
• Raise taxes to cover costs	1	.4
♦ <b>CAUSAL FACTORS</b>	23	10.3
Not enough jobs/poverty/economy/high cost of living	11	4.9
Starts with family, at home	7	3.1
<i><b>Attitudes towards Drugs</b></i>	9	4.0
• Social complacency/Lack of community involvement	3	1.3
• Alcohol/drug glamorization by the media	3	1.3
• Acknowledge it's a medical problem	2	.9
• Alcohol/drug acceptance	1	.4
♦ <b>SYSTEMS IMPROVEMENT</b>	59	26.3
Coordinating resources/agencies	18	8.0
Not enough qualified staff	9	4.0
Better managing of funds	9	4.0
Better communication	5	2.2

**Table 2. Recommendations to Overcome Significant Barriers cont'd)**

	<u>COUNT</u>	<u>PERCENT (%)</u>
◆ <b>SYSTEMS IMPROVEMENT</b>		
Turf battles	3	1.3
<i>Strategic Planning</i>	14	6.3
• Legislature hangups, complacency	10	4.5
• Prioritize/set goals	4	1.8
<i>Identify/Use “Best Practices”</i>	9	4.0
• Figure out what works and do it	9	4.0
<i>Accountability</i>	5	2.2
• Hold everyone accountable	5	2.2
◆ <b>COMMUNITY MOBILIZATION</b>	51	22.8
More community awareness/involvement	46	20.5
Involve youth in planning/implementation	5	2.2
Involve businesses in planning/implementation	3	1.3
Involve churches in planning/ implementation	3	1.3
◆ <b>LAW ENFORCEMENT &amp; CRIMINAL JUSTICE</b>	44	19.6
Changes in the laws	21	9.4
Stricter penalties	4	1.8
Install a drug czar/Need one leader	3	1.3
Decriminalize marijuana	3	1.3
Availability of drugs	2	.9
Swift justice	2	.9
Search and seizure	1	.4
Weed & Seed	1	.4
Sensitivity to/training on drug problems for police/judiciary	1	.4
Probation/parole should be done by counselors	1	.4
Need alternatives to jail	1	.4
Mandatory treatment	1	.4
Random drug tests	1	.4
Dealers should be assessed/monitored	1	.4
Sentencing	1	.4
Harsher laws for dealers	1	.4
Stop stores from selling to minors	1	.4
◆ <b>OTHER</b>	9	4.0
◆ <b>NONE/NO RESPONSE</b>	55	24.5
<b>Base</b>	<b>224</b>	

**Discussion:**

Mirroring answers to the previous question, increased funding and resources accounted for 52% of the recommendations. Systems

Improvement and Community Mobilization (26% and 23% respectively) also ranked high as potential approaches.

**Question 19.** What state and/or federal legislation hinders your *illicit drug* initiatives?

**Table 3. State and/or Federal Legislation That Hinders Illicit Drug Initiatives**

	<u>COUNT*</u>	<u>PERCENT (%)</u>
♦ <b>FUNDING</b>	25	11.2
Funding/Lack of funding or resources	17	7.6
<i>Treatment Issues</i>	9	4.0
• Insurance parity for drug treatment	9	4.0
♦ <b>LAW ENFORCEMENT &amp; CRIMINAL JUSTICE</b>	59	26.3
Act 161	8	3.6
Weed & Seed	1	.4
<i>Sentencing/Penalties</i>	27	12.1
• Sentencing	14	6.3
• Decriminalize marijuana	6	2.7
• Keeping drug users out of public housing	4	1.8
• Need alternatives to jail	3	1.3
• Forfeiture laws	3	1.3
• Harsher laws for dealers	2	.9
• Stricter penalties	2	.9
<i>Procedural/Constitutional Issues</i>	29	12.9
• Changes in the laws	14	6.3
• Wiretaps	11	4.9
• Search and seizure	8	3.6
• Constitutional issues	4	1.8
• Random drug tests	2	.9
• Confidentiality of minors	1	.4
♦ <b>OTHER</b>	43	19.2
♦ <b>NO RESPONSE/ NONE/DON'T KNOW</b>	124	55.4
<b>Base</b>	<b>224</b>	

\* Multiple responses

**Discussion:**

Less than half (45%) of the respondents chose to comment on legislation that hinders their illicit drug initiatives.

Sentencing/Penalties (12%) and Procedural/Constitutional Issues (13%) were the main concerns.

**Question 20.** What state and/or federal legislation pertaining to *illicit drugs* need to be created, amended, or repealed?

**Table 4. State and/or Federal Legislation Pertaining to Illicit Drug Initiatives That Need to be Created, Amended, or Repealed**

	<u>COUNT*</u>	<u>PERCENT (%)</u>
◆ <b>FUNDING</b>	23	10.3
Funding/Lack of funding or resources	15	6.7
<i>Treatment Issues</i>	9	4.0
• Insurance parity for drug treatment	9	4.0
◆ <b>LAW ENFORCEMENT &amp; CRIMINAL JUSTICE</b>	65	29.0
Act 161	7	3.1
Weed & Seed	1	.4
<i>Sentencing/Penalties</i>	42	18.8
• Sentencing	12	5.4
• Stricter penalties	12	5.4
• Harsher laws for dealers	7	3.1
• Mandatory treatment	3	1.3
• Need alternatives to jail	3	1.3
• Keeping drug users out of public housing	2	.9
• Forfeiture laws	2	.9
• Swift justice	2	.9
• Decriminalize marijuana	1	.4
<i>Procedural/Constitutional Issues</i>	25	11.2
• Changes in the laws	11	4.9
• Wiretaps	11	4.9
• Search and seizure	6	2.7
• Random drug tests	2	.9
• Constitutional issues	1	.4
◆ <b>OTHER</b>	39	17.4
◆ <b>NO RESPONSE/ NONE/DON'T KNOW</b>	129	57.6
<b>Base</b>	<b>224</b>	

\* Multiple responses

### Discussion:

Forty-two percent (42%) of the respondents submitted suggestions for legislation pertaining to illicit drug

initiatives. More respondents proposed changes to Sentencing/Penalties legislation (18%) than any other category.

**Question 21.** What state and/or federal legislation hinders your *underage drinking* initiatives?

**Table 5. State and/or Federal Legislation That Hinders Underage Drinking Initiatives**

	<u>COUNT*</u>	<u>PERCENT (%)</u>
◆ <b>FUNDING</b>	4	1.8
Funding/Lack of funding or resources	3	1.3
<i>Treatment Issues</i>	1	.4
• Insurance parity for drug treatment	1	.4
◆ <b>LAW ENFORCEMENT &amp; CRIMINAL JUSTICE</b>	17	7.6
<i>Sentencing/Penalties</i>	12	5.4
• Stricter penalties	10	4.5
• Harsher laws for dealers	2	.9
• Decriminalize marijuana	1	.4
<i>Procedural/Constitutional Issues</i>	5	2.2
• Changes in the laws	2	.9
• Confidentiality of minors	3	1.3
◆ <b>OTHER</b>	35	15.6
◆ <b>NO RESPONSE/ NONE/DON'T KNOW</b>	179	79.9
<b>Base</b>	<b>224</b>	

\* Multiple responses

**Discussion:**

Questions on legislation pertaining to underage drinking commanded significantly lower response rates—only 20% for Question 21 and 26% for

Question 22. Of the responses to Question 22, proposed changes to Sentencing/Penalties legislation (12%) is the only category of note.

**Question 22.** What state and/or federal legislation pertaining to *underage drinking* need to be created, amended, or repealed?

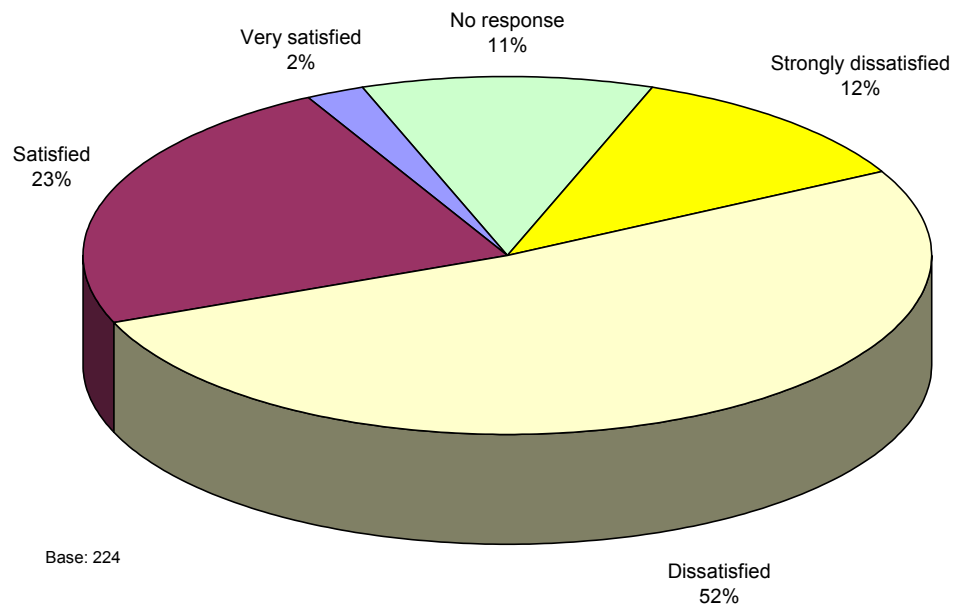
**Table 6. State and/or Federal Legislation Pertaining to Underage Drinking Initiatives That Need to be Created, Amended, or Repealed**

	<u>COUNT*</u>	<u>PERCENT (%)</u>
◆ <b>FUNDING</b>	2	.9
Funding/Lack of funding or resources	2	.9
◆ <b>LAW ENFORCEMENT &amp; CRIMINAL JUSTICE</b>	33	14.7
Keg registration	2	.9
<i>Sentencing/Penalties</i>	26	11.6
• Stricter penalties	16	7.1
• Harsher laws for dealers	13	5.8
• Mandatory treatment	1	0.4
• Stop stores from selling to minors	1	0.4
• Swift justice	1	0.4
<i>Procedural/Constitutional Issues</i>	6	2.7
• Changes in the laws	4	1.8
• Wiretaps	1	0.4
• Random drug tests	2	0.9
◆ <b>OTHER</b>	31	13.8
◆ <b>NO RESPONSE/ NONE/DON'T KNOW</b>	166	74.1
<b>Base</b>	<b>224</b>	

\* Multiple responses

**Question 23.** How satisfied are you with the degree of coordination between agencies and organizations that address drugs and alcohol?

**Figure 10. Satisfaction With Degree of Coordination Between Agencies and Organizations That Address Drugs and Alcohol**



### Discussion:

Two-thirds of the respondents expressed moderate to high levels of dissatisfaction with the degree of coordination between agencies and organizations that address drugs and alcohol.

Fragmentation of services leads to duplicative efforts and a lack of accountability. Although numerous committees and alliances exist, many operate in parallel realms, often unaware of similar initiatives, and thus, continue a cycle of redundant and repetitive work.

Individual comments were highly critical of the current system. Nearly 58% of the respondents cited

Systems Improvement as the primary means to enhance coordination. Some individuals called for mandatory coordination, centralization to coordinate efforts, the appointment of a drug czar to provide oversight, strong leadership by State government, etc.

Surprisingly, additional funding and resources (11% vs. 58% for Systems Improvement) were considered less significant as a means to bring about better collaboration and cooperation.

*It sounds simple, but better communication. A decrease in the amount of red-tape would help.*

Prevention Program Director

**Question 24.** What would you recommend to enhance coordination between these agencies and organizations?

**Table 7. Recommendations to Enhance Coordination Between Agencies and Organizations That Address Drugs and Alcohol**

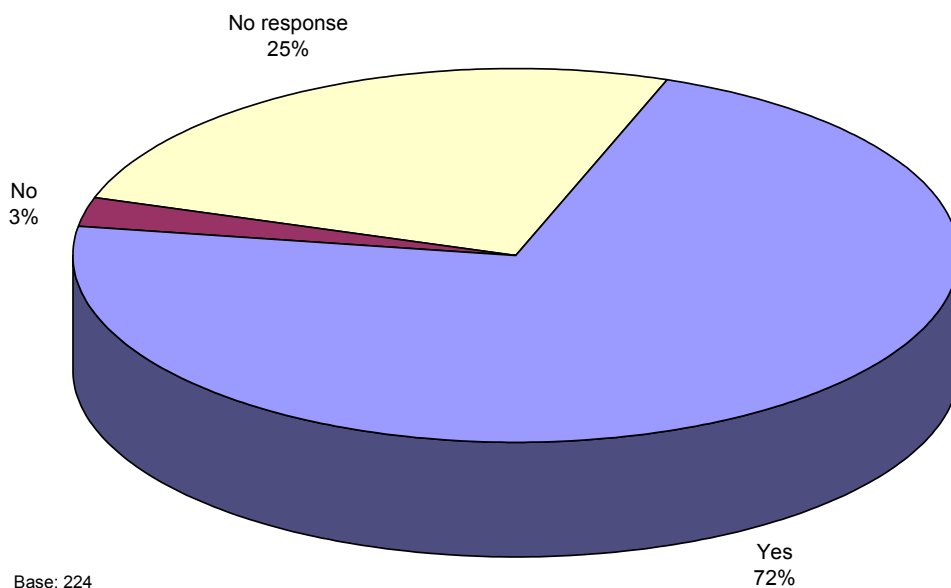
	<u>COUNT*</u>	<u>PERCENT (%)</u>
◆ <b>FUNDING</b>	25	11.2
Funding/Lack of funding or resources	19	8.5
<i><b>Prevention Issues</b></i>	3	1.3
• Need more education	3	1.3
<i><b>Research/Evaluation/Monitoring</b></i>	3	1.3
• More data/info	3	1.3
◆ <b>SYSTEMS IMPROVEMENT</b>	129	57.6
Coordinating resources/agencies	105	46.9
Better communication	32	14.3
Better managing of funds	8	3.6
Legislature hang-ups, complacency	4	1.8
Turf battles	3	1.3
Install a drug czar/Need one leader	3	1.3
Not enough qualified staff	1	.4
<i><b>Identify/Use “Best Practices”</b></i>	2	.9
• Figure out what works and do it	2	.9
<i><b>Accountability</b></i>	4	1.8
• Hold everyone accountable	4	1.8
◆ <b>COMMUNITY MOBILIZATION</b>	13	5.8
More community awareness/involvement	10	4.5
Involve churches in planning/ implementation	2	.9
Involve businesses in planning/implementation	1	.4
Involve youth in planning/implementation	1	.4
◆ <b>LAW ENFORCEMENT &amp; CRIMINAL JUSTICE</b>	3	1.3
Changes in the laws	2	.9
Sensitivity to/training on drug problems for police/judiciary	1	.4
◆ <b>OTHER</b>	25	11.2
◆ <b>NO RESPONSE/ NONE/DON’T KNOW</b>	71	31.6
<b>Base</b>	<b>224</b>	

\* Multiple responses



**Question 25.** In order to reduce illicit drug use and underage drinking in our community, are there areas where accountability should be improved?

**Figure 11. Are There Areas Where Accountability Should Be Improved In Order To Reduce Illicit Drug Use and Underage Drinking?**



**Discussion:**

Respondents who answered this question were overwhelmingly in agreement that accountability should be improved at all levels. Responsibility should be assumed by individuals, families, and the community and is implicit for public and private sectors.

Accountability also implies evaluation of programs and agencies for effectiveness and evidence-based outcomes. However, the data infrastructure is absent. More research, consistent data collection and reporting must be conducted to ascertain what works and what does not work.

*Citizens fail to recognize their essential ingredient to the solution at hand. Barriers include human disparity, especially among children and youth with regards to the quality of their lives, and the lack of quality leadership in every area of life both private (as individuals, parents, business providers) and public (officials, servants). Every leader should be held responsible and accountable.*

Prevention Service Provider

**Question 26.** If yes, please identify the areas that need improved accountability.

**Table 8. Areas Where Accountability Should be Improved to Reduce Illicit Drug Use and Underage Drinking\***

	<u>COUNT*</u>	<u>PERCENT (%)</u>
◆ <b>FAMILY</b>	52	23.2
Parents	42	18.8
Family members	15	6.7
◆ <b>INDIVIDUAL</b>	9	4.0
Individual	6	2.7
Adults who provide it to minors	3	1.3
◆ <b>SCHOOLS</b>	27	12.1
Schools	27	12.1
◆ <b>GOVERNMENT/PUBLIC SECTOR</b>	43	19.2
Law enforcement	36	16.1
Legislators/Politicians	9	4.0
Liquor Commission	2	.9
◆ <b>PRIVATE SECTOR</b>	53	23.7
Treatment providers	23	10.3
Store owners/Employees	22	9.8
Businesses/Workplace	5	2.2
Entertainment industry	3	1.3
Manufactures/Distributors	3	1.3
◆ <b>CHURCHES</b>	2	.9
Churches	2	.9
◆ <b>COMMUNITY</b>	23	10.3
Neighbors/Community	20	8.9
Everyone	3	1.3
◆ <b>OTHER</b>	22	9.8
◆ <b>NO RESPONSE/DON'T KNOW</b>	81	36.2
<b>Base</b>	<b>224</b>	

\* Multiple responses

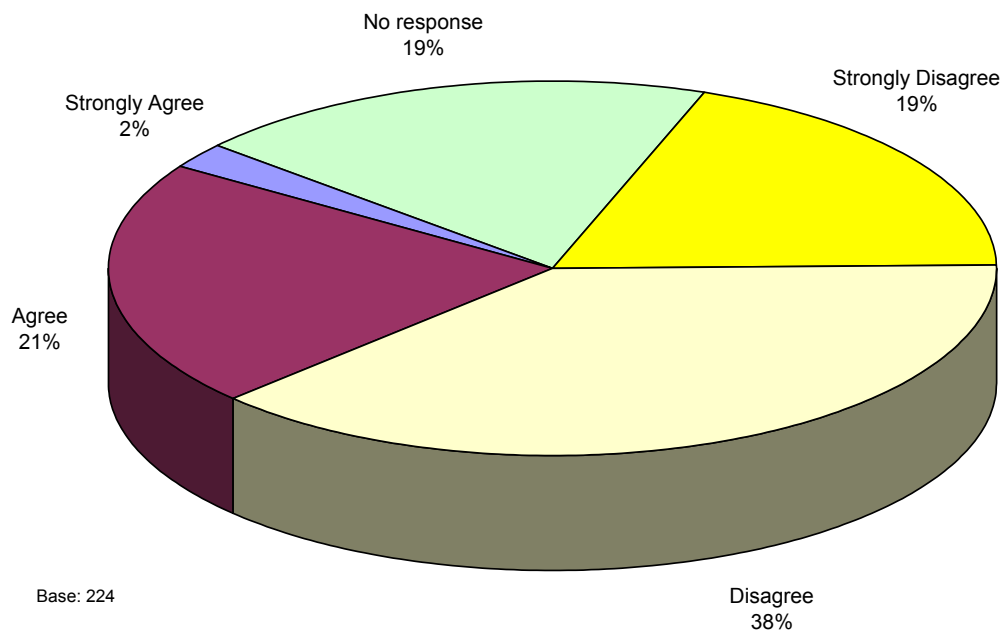
**Discussion:**

Family and private sector were ranked almost equally (23% and 24% respectively) as social arenas that needed improved accountability. Government

followed closely at 19%, with Law Enforcement (comprising 16% of the total 19%) as the public area in greatest need of improvement

**Question 27.** Do you consider *federal* resource allocation to be equitable among community mobilization, prevention, treatment, and law enforcement sectors?

**Figure 12. Consider Federal Resource Allocation To Be Equitable Among All Sectors**



**Discussion:**

Fifty-seven percent (57%) of respondents disagreed or strongly disagreed that federal resource allocation was equitable among the four primary sectors. Priorities appear to shift with each new administration, and funds tend to be allocated to the most pressing issues at the time.

What constitutes a “fair share” varies greatly. Twenty-four percent (24%) of those who disagreed thought that reallocation of resources was a priority. Eighteen percent (18%) of these same respondents believed that Law Enforcement received the lion’s share of funding. Moreover, it was suggested that inequity was less of an issue than insufficient funding.

**Question 28.** If you disagree and believe that *federal* resource allocation among community mobilization, prevention, treatment, and law enforcement sectors is inequitable, please explain.

**Table 9. Explanation of Inequitable Federal Resource Allocation**

	<u>COUNT*</u>	<u>PERCENT (%)</u>
◆ <b>FUNDING</b>	59	26.3
There is insufficient funding	7	3.1
<i>Reallocation of Resources</i>	54	24.1
• Treatment needs more	32	14.3
• Prevention needs more	30	13.4
• Law enforcement needs more	9	4.0
• Community mobilization needs more	6	2.7
• Neighbor Islands receive less than Oahu	2	0.9
◆ <b>SYSTEMS IMPROVEMENT</b>	26	11.6
People don't know how much money goes where	16	7.1
Coordination of funding is needed	7	3.1
Difficult for everyone/smaller agencies to get funding	4	1.8
◆ <b>PERCEPTION OF ALLOCATIONS</b>	46	20.5
<i>Emphasis on Law Enforcement</i>	40	17.9
• More of it goes to law enforcement	35	15.6
• Funding for activity other than law enforcement is low	7	3.1
<i>Emphasis on Treatment</i>	6	2.7
• Treatment gets more	6	2.7
◆ <b>OTHER</b>	17	7.6
◆ <b>NO RESPONSE/DON'T KNOW</b>	101	44.6
<b>Base</b>	<b>224</b>	

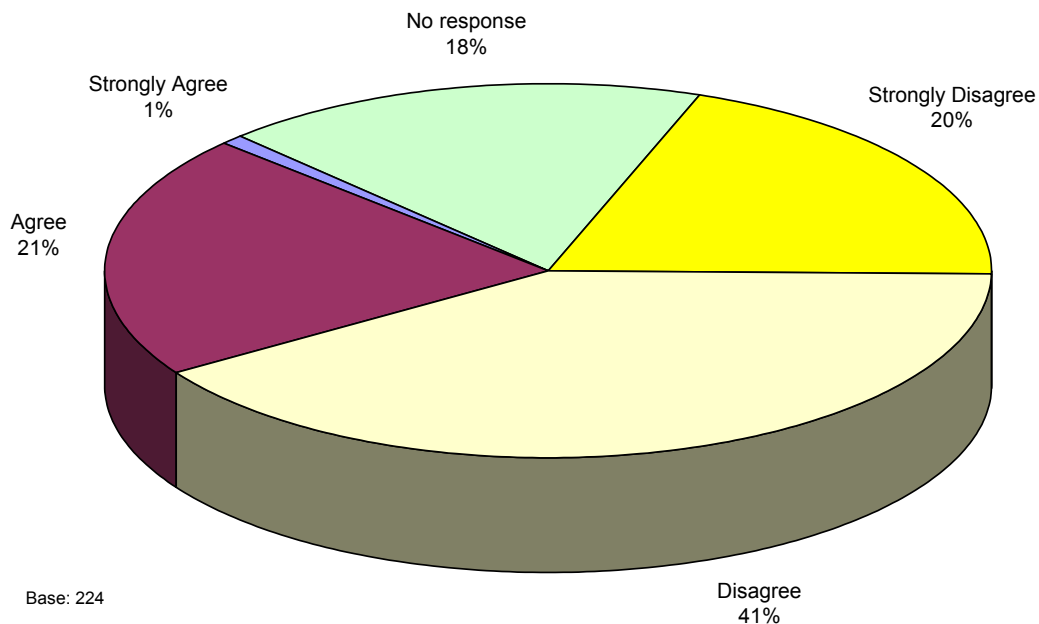
\* Multiple responses

*Different parts of this vast system (prevention, treatment, law enforcement, in both the public and private sector) do not work well together but are competitive and territorial. We need to encourage visionaries who have new ideas and not rely on Mainland solutions.*

Treatment Service Provider

**Question 29.** Do you consider *State government* resource allocation to be equitable among community mobilization, prevention, treatment, and law enforcement sectors?

**Figure 13. Consider State Government Resource Allocation To Be Equitable Among All Sectors**



**Discussion:**

In contrast with the previous question, more respondents (61% vs. 57%) disagreed or strongly disagreed that State government resource allocation was equitable among the four primary sectors. Of those who disagreed, a higher percentage (70% vs. 59%) cited the need for reallocation of resources.

Cross-sectoral observations echoed comments concerning federal allocations; however, specific remarks were made about how the State manages funding. Many perceived State agencies as merely a “pass through” for federal funds. Neighbor islands consistently noted geographical discrimination and the paucity of resources in comparison to Oahu. Public health especially has suffered from budget cuts, thereby bringing the issue of medicalization vs. criminalization of the drug problem to the forefront.

**Question 30.** If you disagree and believe that *State government* resource allocation among community mobilization, prevention, treatment, and law enforcement sectors is inequitable, please explain.

**Table 10. Explanation of Inequitable State Government Resource Allocation**

	<u>COUNT*</u>	<u>PERCENT (%)</u>
◆ <b>FUNDING</b>	81	36.2
There is insufficient funding	7	3.1
<i>Reallocation of Resources</i>	75	33.5
• Prevention needs more	40	17.9
• Treatment needs more	33	14.7
• Community mobilization needs more	16	7.1
• Law enforcement needs more	11	4.9
• Neighbor Islands receive less than Oahu	4	1.8
◆ <b>SYSTEMS IMPROVEMENT</b>	10	4.5
People don't know how much money goes where	5	2.2
Coordination of funding is needed	4	1.8
Difficult for everyone/smaller agencies to get funding	1	.4
◆ <b>PERCEPTION OF ALLOCATIONS</b>	26	11.6
<i>Emphasis on Law Enforcement</i>	24	10.7
• More of it goes to law enforcement	20	8.9
• Funding for activity other than law enforcement is low	6	2.7
<i>Emphasis on Treatment</i>	2	.9
• Treatment gets more	2	.9
◆ <b>OTHER</b>	26	11.6
◆ <b>NO RESPONSE/DON'T KNOW</b>	103	46.0
<b>Base</b>	<b>224</b>	

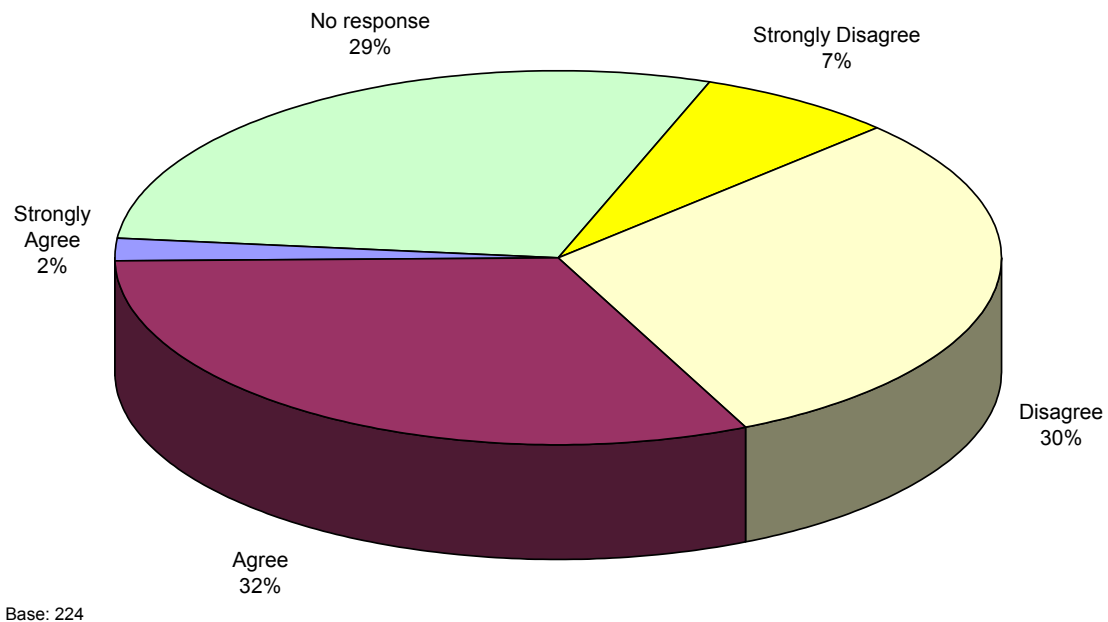
\* Multiple responses

*We have compartmentalized our strategies and programs, and neither budgets nor lines of authority can overcome this. The current political climate that pits the Legislature versus the Executive branch will not help. Mutual respect needs to be cultivated to achieve real results. Without additional resources that are well placed and targeted, I am skeptical that any department will be anxious to set aside other programs for yet another new priority.*

Prevention Advocate

**Question 31.** Do you consider *private grant* resource allocation to be equitable among community mobilization, prevention, treatment, and law enforcement sectors?

**Figure 14. Consider Private Grant Resource Allocation To Be Equitable Among All Sectors**



**Discussion:**

Respondents were almost equally divided about whether private grant resource allocation was equitable among sectors. Thirty-four percent (34%) agreed or strongly agreed in contrast to 37% who disagreed or strongly disagreed with the question of equity.

An issue that was raised exclusive to private vs. public funding was a general lack of knowledge about where and how to apply for grants.

**Question 32.** If you disagree and believe that *private grant* resource allocation among community mobilization, prevention, treatment, and law enforcement sectors is inequitable, please explain.

**Table 11. Explanation of Inequitable Private Grant Resource Allocation**

	<u>COUNT*</u>	<u>PERCENT (%)</u>
◆ <b>FUNDING</b>	27	12.1
There isn't a lot of private funds/More are needed	13	5.8
<i>Reallocation of Resources</i>	17	7.6
• Prevention needs more	7	3.1
• Community mobilization needs more	2	0.9
• Treatment needs more	3	1.3
• Law enforcement gets less	9	4.0
◆ <b>SYSTEMS IMPROVEMENT</b>	20	8.9
Not everyone knows how to find/apply	8	3.6
I don't know about private grant resource allocation	12	5.4
◆ <b>PERCEPTION OF ALLOCATIONS</b>	24	10.7
<i>Emphasis on Treatment</i>	5	2.2
• Treatment gets more	5	2.2
<i>Emphasis on Prevention</i>	7	3.1
• Prevention gets more	7	3.1
<i>Emphasis on Community Mobilization</i>	1	0.4
• Communities get more	1	0.4
<i>Influencing Allocations: Public vs. Private Funds</i>	13	5.8
• Private grants chose what they want to fund	13	5.8
◆ <b>OTHER</b>	6	2.7
◆ <b>NO RESPONSE/DON'T KNOW</b>	153	68.3
<b>Base</b>	<b>224</b>	

\* Multiple responses



**Question 33.** What financial strategies would you suggest to implement the Hawaii Drug Control Strategy successfully?

**Table 12. Recommended Financial Strategies for Successful Implementation of the Hawaii Drug Control Strategy**

	<u>COUNT*</u>	<u>PERCENT (%)</u>
◆ <b>IDENTIFY/SEEK FUNDING SOURCES</b>	63	28.1
Seek out more federal funds	26	11.6
Put increase in alcohol tax towards programs	12	5.4
Use forfeited money and property to fund programs	12	5.4
Seek out more State funds	12	5.4
Seek out private grants	10	4.5
Fine/assess offenders and put money into programs	7	3.1
Put increase in tobacco tax towards programs	6	2.7
Hire full time grant writers	4	1.8
Put increase in GET towards programs	5	2.2
Ask taxpayers to donate \$1 when filing taxes	1	.4
Tax drug paraphernalia	2	.9
◆ <b>SYSTEMS IMPROVEMENT</b>	83	37.1
<i><b>Coordinate Funding</b></i>	30	13.4
• Coordinate all funds and programs for one stop shopping	23	10.3
• Mandate insurance parity for drug treatment	8	3.6
<i><b>Target Specific Programs</b></i>	39	17.4
• Fully fund prevention programs	16	7.1
• Fully fund treatment programs	15	6.7
• Develop and fund programs on all islands/neighborhoods	6	2.7
• Develop alternative options to prison for non-violent offenders	4	1.8
• Develop youth activities	4	1.8
• Provide support services (housing/medical/jobs/education) in/after treatment	4	1.8
• Full treatment for offenders when in prison	3	1.3
<i><b>Identify/Use “Best Practices”</b></i>	21	9.4
• Analyze previous programs and use only programs with proven results	21	9.4

\* Multiple responses

**Table 12. Recommended Financial Strategies for Successful Implementation of the Hawaii Drug Control Strategy (cont'd)**

	<u>COUNT*</u>	<u>PERCENT (%)</u>
◆ <b>SYSTEMS IMPROVEMENT</b>		
<i>Strategic Planning</i>	8	3.6
• Develop a long term plan	5	2.2
• Government needs to make more of a commitment	3	1.3
<i>Improve Accountability</i>	2	.9
• Hold program providers accountable	2	.9
◆ <b>COMMUNITY MOBILIZATION</b>	36	16.1
Educate the public on drugs/get them involved	19	8.5
Get businesses involved	13	5.8
Involve community organizations	6	2.7
◆ <b>OTHER</b>	19	8.5
◆ <b>NO RESPONSE/NONE/DON'T KNOW</b>	85	38.0
<b>Base</b>	<b>224</b>	

\* Multiple responses

### Discussion:

The sustainability of the Hawaii Drug control Strategy must be considered in light of current economic conditions. Twenty-eight percent (28%) of the respondents recommended seeking private, state, or federal funding sources or using other types of financing strategies.

Other financial strategies to implement the Strategy included Systems Improvement (37%) and Community Mobilization (16%). Systems Improvement recommendations seemed to suggest more efficient use of funds. Community Mobilization was problematic as a financial strategy, since public support does not guarantee funding, but is integral to the success of any initiative.

*Identify and utilize the best human resources to lead the masses in this massive endeavor of minds (knowledge), hearts (passion and commitment), and skills (experts) to address this critical problem.*

Prevention Service Provider

## *Pre-Summit Report*

---

# Emerging Themes

This section of the report provides an overview of themes that emerged upon review of the data. Taken together, these themes form the rudiments of areas of priority and potential strategic directions. However, caution is advised against arriving at general conclusions based on the data alone. Additional data from other sources and community input must be integrated prior to drafting the final guidelines.

Common threads that appear throughout the results are presented below.

### **Hawaii Drug Control Strategy**

- ▶ A great majority of the participants agree with the overall conceptual framework of the working document—*Hawaii Drug Control Strategy: A New Beginning*. These same individuals do not believe that the goal of the Strategy—to stop illicit drug use and underage drinking before they start; treat drug and alcohol abusers, and intervene in the distribution of illicit drugs—is achievable given the current resources (e.g., funding and staffing) in place. Likewise, the benchmark—to reduce use of illegal drugs by 10% over three years—is also not feasible at this time.
- ▶ Strengthening particular areas may lead to achievable goals and benchmarks. Treatment received the highest marks, followed closely by Prevention.

- ▶ Respondents ranked Prevention and Community Mobilization as the highest priorities to reduce the drug and alcohol problem.

### **Funding/Financing**

- ▶ Funding or the Lack of Funds or Resources is the 900 lb. gorilla in the room that no one can ignore. It is necessary to recognize that competing priorities affect the ability of the State to meet its objectives, and under current budgetary restrictions, finding the resources to implement the Strategy is particularly challenging.
- ▶ Funding or the Lack of Funds or Resources is recognized as the most significant barrier to finding solutions to the continued drug and alcohol problem. Paradoxically, it is its own solution to the barrier.
- ▶ Those who call for more prevention or treatment programs, increased law enforcement, or more information, or see preferential treatment in funding, are proposing increased funding or reallocation of resources; however, categorical funding streams may preclude reallocation.
- ▶ Inequity of resource allocation at the federal, state, or private level is less of an issue than insufficient funding.

- ▶ Increased competitiveness for funding may translate into decreased information sharing and cooperation, hindering the prime objective of greater collaboration between organizations and agencies that address drug abuse.
- ▶ In addition, sustainability is a major issue that must be factored into the equation. The battle will require a long-term commitment that goes beyond financial considerations. Politically and economically, responsiveness and responsibility must extend long after the Summit.

### **Systems Improvement**

- ▶ Similar to Funding or Lack of Funds or Resources, Systems Improvement was perceived equally as both a significant barrier to finding solutions to the drug and alcohol problem and its own solution.
- ▶ As an adjunct to Funding or Lack of Funds or Resources, Systems Improvement also demands better management of funds. The effective use of resources is imperative as resources grow scarce.
- ▶ Respondents expressed moderate to high dissatisfaction with the degree of coordination between agencies and organizations that address drugs and alcohol. Despite the numerous associations in place, fragmentation of services leads to duplicative efforts and a lack of accountability.
- ▶ Better coordination can be achieved by a variety of means. Central to its success is creating an atmosphere where agencies and organizations work across traditional boundaries, look past their organizational needs and bureaucratic differences and

collaborate in areas where they can agree.

- ▶ Accountability is integral to Systems Improvement. Respondents said that responsibility to improve the illicit drug use and underage drinking problem should be assumed by individuals, families, and the community, as well as government and businesses.
- ▶ However, accountability also implies that programs demonstrate their effectiveness, not only in counts of units of service delivery but in real evidence-based outcomes. This need for accountability points to the absence of a data infrastructure, consistent protocols, data reporting methods, and data collection.

### **Other Areas of Interest**

- ▶ Causal Factors or the root cause of the drug and alcohol problem and its corollary of Attitudes towards Drugs figured highly as a significant barrier. Addressing this issue appeared less feasible as a strategy to overcome the problem itself.
- ▶ After Funding or Lack of Funding and Systems Improvement, recommendations to overcome significant barriers most often mentioned Treatment and Prevention issues. Community Mobilization and Law Enforcement also had merit as effective approaches.

Summit participants must take the next step—to formulate concrete recommendations that will refine the principles of the Hawaii Drug Control Strategy and determine if we, as a State, can begin to move forward and work towards a long-term strategy to really make a difference.

## *Pre-Summit Report*

---

# Conclusion

The high response rate to the Pre-Summit Survey shows a readiness on the part of registrants to discuss the range of subjects that will be presented at the Summit. The Survey was successful in raising crucial issues, but its ultimate success lies in its ability to assist participants to broaden their vision and come to a consensus about the Hawaii Drug Control Strategy.

The Strategy will provide a framework to link and coordinate drug and alcohol related strategies, while avoiding duplication and ensuring integration and consistency. The difficulty lies in coordinating long-term resources and services among state, federal, county, nonprofit and for-profit entities; resolving this matter is prerequisite to successful implementation.

Seeking a balanced approach, the administration respects the importance of Prevention, Treatment, Community Mobilization, and Law Enforcement and realizes that there are no simplistic solutions to complex problems. With increasingly fewer resources, formalized mechanisms are not in place to nurture collaborative relationships that would maximize assets among government, communities, and agencies.

Although many agencies and programs do cooperate on individual initiatives, no overarching strategy exists to coordinate their activities. As a result, overall efforts are fragmented and limited, despite the success demonstrated by particular communities and organizations. If they work in tandem, government and communities would be able to mobilize diverse resources and base allocation priorities upon critical needs.

The Office of the Lieutenant Governor acknowledges the challenge inherent in systemic change. Significant obstacles are numerous, including the inertia of bureaucracies and the lack of coordinated political will. The Strategy proposes a shift in the approach to the drug and alcohol problem in Hawaii—away from categorical and crisis-oriented to holistic, integrated and comprehensive.

We expect that the Strategy will evolve and change over time. An integral part of the plan is its ability to grow and reflect the specific needs of the communities. What will remain constant will be its ability to provide clear focus, direction, and common ground for our future endeavors.